Testimony before the House Health Policy Committee

Presented on behalf of Michigan Primary Care Association by Kim Sibilsky, Chief Executive Officer, and Brenda Coughlin M.D., Chief Executive Officer at Health Delivery, Incorporated

Good afternoon Madam Chair and members of the committee. My name is Kim Sibilsky and I am here today along with Dr. Brenda Coughlin, CEO of Health Delivery Incorporated in Saginaw, Michigan, one of the 38 Federally Qualified Health Center organizations making up the Michigan Primary Care Association. More importantly, we speak on behalf of the more than 600,000 Michigan residents who depend upon community health centers for their health care.

Collectively MPCA's member organizations operate 240 community health centers throughout Michigan. Every one of them is located in an officially recognized medically underserved area or serves a designated underserved population. This means there simply aren't enough medical providers to adequately provide medical services to these areas and populations. We are here this morning to ask for your support of Senate Bill 2.

We come to you this morning hoping to frame the debate a little differently than most have done thus far. I am asking you to understand this bill in the context, not as one over scope of practice, but rather one of workforce development. I am sure it is not new to you that Michigan faces a primary care crisis. I am certain each you have heard on several occasions the data related to the inevitable provider shortages that face Michigan. Presently, only 36 percent of practicing physicians in the state are primary care based.[1] Moreover, Michigan is projected to be 4,400 primary care providers (PCP) short by 2020.[2] Currently in Michigan, there are 269 federally designated primary care Health Professional Shortage Areas (HPSAs) and 112 Medically Underserved Areas/Populations (MUA/Ps). Eighty of Michigan's 83 counties (96%) hold some variant of a primary care HPSA.The total underserved population within these HPSAs is nearly two million residents (approximately 20 percent of Michigan's population). Among active physicians in Michigan surveyed, about 47 percent are age 55 or older and will reach retirement in the next 10-15 years. In addition to the aging of the physician workforce, it is also well established that the overall aging of Michigan's population due to the baby boom phenomenon will also drive greater demand for services. If these facts are accepted, then Michigan policy makers are compelled to develop a plan that will somehow increase the numbers and types of provides that will be entering the medical care field in our state.

We believe that part of that plan, must include more effective use of advance practice nurses. Since the passage of the public health code in 1978, the training and practice of nursing has changed dramatically. Nurses are now training in clinical practice in record numbers and

Michigan needs to create an environment that not only takes advantage of these potential practitioners but invites them to practice in our State. Currently, 19 states and the District of Columbia allow independent prescriptive authority and independent practice to diagnose without written physician delegation.

Most of you have embraced the need for Michigan to become more competitive in attracting business to our state. Why is health care any different? Why aren't we competing with other states to attract health care providers? We must create an environment that is friendly and open to nurses seeking to practice in Michigan. The regulatory environment should be no more restrictive for health care that it is for any other segment.

Advance Practice Nurses can play a vital role in providing primary care services in Michigan especially because they tend to disproportionately provide care for the underserved populations in both urban and rural areas.[1, 2] However, Michigan's current regulatory environment precludes APRNs from practicing within their formally trained scope, thus hindering the underserved population's ability to obtain high-quality, cost-effective, and essential primary care services.

A concept you have heard much about over the past few years in medicine is that we should be more disciplined in following evidence-based policies and practices. The actual evidence in this policy debate overwhelmingly shows that NPs deliver high-quality primary care services. In fact, literature shows that NPs care for patients as well as physicians in multiple areas of clinical practice.[3] Furthermore, out of more than 100 published reports, none have concluded that NPs provide inferior services in comparison to physicians for overlapping scopes of practice. Other research focused on patient satisfaction shows that consumers are highly satisfied with the care delivered by NPs.[4]

More effective use of Advance Practice nurses within their training is also cost effective. In times when the cost of health care is of great concern, this is particularly relevant. This is true for both direct and indirect practice costs. In 2008, the average compensation for NPs was approximately $92,000 compared to $162,000 for primary care physicians. [2] Moreover, literature shows that the cost of care for a particular service is typically lower for NPs in comparison to Primary Care Physicians, all while maintaining similar outcomes in both groups.[3] With regards to indirect costs, a recent analysis from the National Practitioner Data Bank (NPDB) indicated that NPs have much lower rates of malpractice claims in addition to lower costs per claim.[4]

Ten years from now, my hope is that while other states grapple with concerns over provider shortages they look to Michigan for answers, not vice versa. You have the chance by supporting Senate Bill 2 to take one step in that direction. Given the evidence, the Michigan Primary Care Association stands in full support of SB 2 and encourages each of you to do the same.

Thank you!

[1]Grumbach, K et al. (2003) Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Non-physician Clinicians in California and Washington. *Annals of Family Medicine, 1(2),* 97-104

[2]The Nursing Workforce Issues in Michigan. (2002) Retrieved July 2, 2010, from http://web1.msue.msu.edu/msue/iac/transition/papers/NursWork.pdf

[3]Mundinger, MO, Kane, RL, et al. (2000) Primary care outcomes in patients treated by nurse practitioners or physicians. *JAMA,* 283: 59-68

[4]Bauer, JC (2010) Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness. *Journal of the American Academy of Nurse Practitioners, 22(4),* 228-231

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